
UNITED STATES DISTRICT COURT

Northern

District of

Oklahoma

STATE OF OKLAHOMA, ex rel.
W.A. DREW EDMONDSON, in his
capacity as ATTORNEY GENERAL OF
THE STATE OF OKLAHOMA and
OKLAHOMA SECRETARY OF THE
ENVIRONMENT C. MILES TOLBERT,
in his capacity as the TRUSTEE FOR
NATURAL RESOURCES FOR THE
STATE OF OKLAHOMA,

Plaintiff,

SUMMONS IN A CIVIL CASE

V.

TYSON FOODS, INC., TYSON POULTRY,
INC., TYSON CHICKEN, INC., COBB-
VANTRESS, INC., AVIAGEN, INC.,
CAL-MAINE FOODS, INC., CAL-MAINE
FARMS, INC., CARGILL, INC.,
CARGILL TURKEY PRODUCTION, LLC,
GEORGE'S, INC., GEORGE'S FARMS, INC.,
PETERSON FARMS, INC., SIMMONS
FOODS, INC., and WILLOW BROOK
FOODS, INC.,

Defendants.

CASE NUMBER: 4:05-CV-00329-JOE-SAJ

TO: Tyson Foods Inc.
c/o registered service agent
The Corporation Company
735 First National Bldg.
Oklahoma City OK 73102

OR Tyson Foods Inc.
c/o registered service agent
The Corporation Company
425 W. Capitol Ave., Suite 1700
Little Rock, AR 72201

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY:
W.A. Drew Edmondson, 112 State Capitol, 2300 N. Lincoln Boulevard, Oklahoma City, Oklahoma
73105-4894, an answer to the complaint which is herewith served upon you, within 20 days after
service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default
will be taken against you for the relief demanded in the complaint. You must also file your answer with the

Clerk of this Court within a reasonable period of time after service.

PHIL LOMBARDI
CLERK

AUG 19 2005

DATE

(By) DEPUTY CLERK

SEAL

RETURN OF SERVICE	
Service of the Summons and complaint was made by me ¹	DATE August 31, 2005
NAME OF SERVER (<i>PRINT</i>) Richard T. Garren	TITLE Attorney
<i>Check one box below to indicate appropriate method of service</i>	
<input type="checkbox"/> Served personally upon the third-party defendant. Place where served: 	
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: 	
<input type="checkbox"/> Returned unexecuted: 	
<input checked="" type="checkbox"/> Other (<i>specify</i>): Certified mail, return receipt no. 7003 2260 0003 3140 3358 	
STATEMENT OF SERVICE FEES	

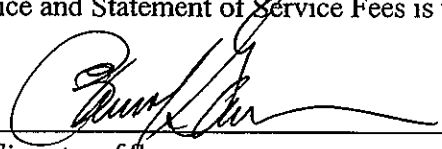
¹ As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on September 7, 2005
Date


Signature of Server

502 W. 6th St.
Tulsa, Ok 74119-1010
Address of Server

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <u>X Frank Gubanski</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><u>Tyson Foods Inc.</u> <u>c/o registered service agent</u> <u>The Corporation Company</u> <u>425 W. Capitol Ave, Suite 1700</u> <u>Little Rock, AR 72201</u></p>		<p>B. Received by (Printed Name) <u>Frank Gubanski</u></p> <p>C. Date of Delivery <u>8/31/05</u></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p> <p><u>3811, August 2001</u></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
		<p>7003 2260 0003 3140 3358</p>	
		<p>Domestic Return Receipt 102595-02-M-1540</p>	